DECLARATION AND POWER OF ATTORNEY FOR

PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEMS AND METHODS FOR DOCUMENTING MEDICAL FINDINGS OF A PHYSICAL EXAMINATION

the specification of which (check one)	
is attached hereto.	
was filed on as Application Serial No and was amended on (if applicable)	
I hereby state that I have reviewed specification, including the claims, as amen	and understand the contents of the above identified ded by any amendment referred to above.
I acknowledge the duty to disclose this application in accordance with Title 37,	information which is material to the patentability o Code of Federal Regulations, §1.56.
foreign application(s) for patent or inventor	fits under Title 35, United States Code, §119 of am or's certificate listed below and have also identified inventor's certificate having a filing date before that ed:
Prior Foreign Application(s):	Priority Claimed
(Number) (Country) (Day/Month/	Yes No
	le 35, United States Code, §120 of any United States s the subject matter of each of the claims of this

application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose

Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial #) (Filing date) (Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

J. Davis Gilmer, Reg. No. 44,711

Send correspondence to: J. Davis Gilmer, PO Box 1014, Austin, Texas 78767 and direct all telephone calls to Mr. Gilmer at 512/479-0238.

FULL NAME OF FIRST INVENTOR:	Michael D. Dahlin
INVENTOR'S SIGNATURE:	
DATE:	
RESIDENCE:	Austin, Texas
CITIZENSHIP:	U.S.A.
POST OFFICE ADDRESS:	118 Bluff Park Circle Austin, Texas 78746
FULL NAME OF THIRD INVENTOR:	Randolph B. Lipscher
INVENTOR'S SIGNATURE:	
DATE:	
RESIDENCE:	Austin, Texas
CITIZENSHIP:	U.S.A.
POST OFFICE ADDRESS:	12349 Metric Blvd. #1524 Austin, Texas 78758

FULL NAME OF FIFTH INVENTOR:	Eric Wohl
INVENTOR'S SIGNATURE:	
DATE:	
RESIDENCE:	Austin, Texas
CITIZENSHIP:	U.S.A.
POST OFFICE ADDRESS:	2900 Lantana Ridge Dr. Austin, Texas 78732-2009